

George Askins, Jr.

Town

County

Died near Norbeck

Montgomery

MARYLAND

Date 1902 Sep. 12

Age 73 - -

Native of

Occupation

Montg. Md. Farm hand

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

6

Husband  
of

Wife

Father's

Name

X

X

Mother's

Name

Lydia Askins

Cause of

Primary

Asthma, Chronic Nephritis

How long sick

Several years

Death

Immediate

Uraemia

120

Accident, Suicide, Homicide

Reported by

George Askins, Jr. (son)

Address

Highland

Howard Co. Md.

For George Askins, Jr. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Laura Virginia Nylton

Town

County

Died at near Laytonsville Montgomery

MARYLAND

Date 1902 Sept Tuesday Age 55-13

Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced Housewife

Female Colored Single Widower Number of children living one

Husband of Ephraim G. Nylton

Wife

Father's Name Charles Fisher

Mother's Maiden Name Ann Dove

Cause of Primary Chronic Enterocolitis

Death Immediate Acute Dysentery

How long sick

106  
Accident, Suicide, Homicide

Reported by Basil B Crawford M D

Address Laytonsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Theodore Barnes

## CERTIFICATE OF DEATH

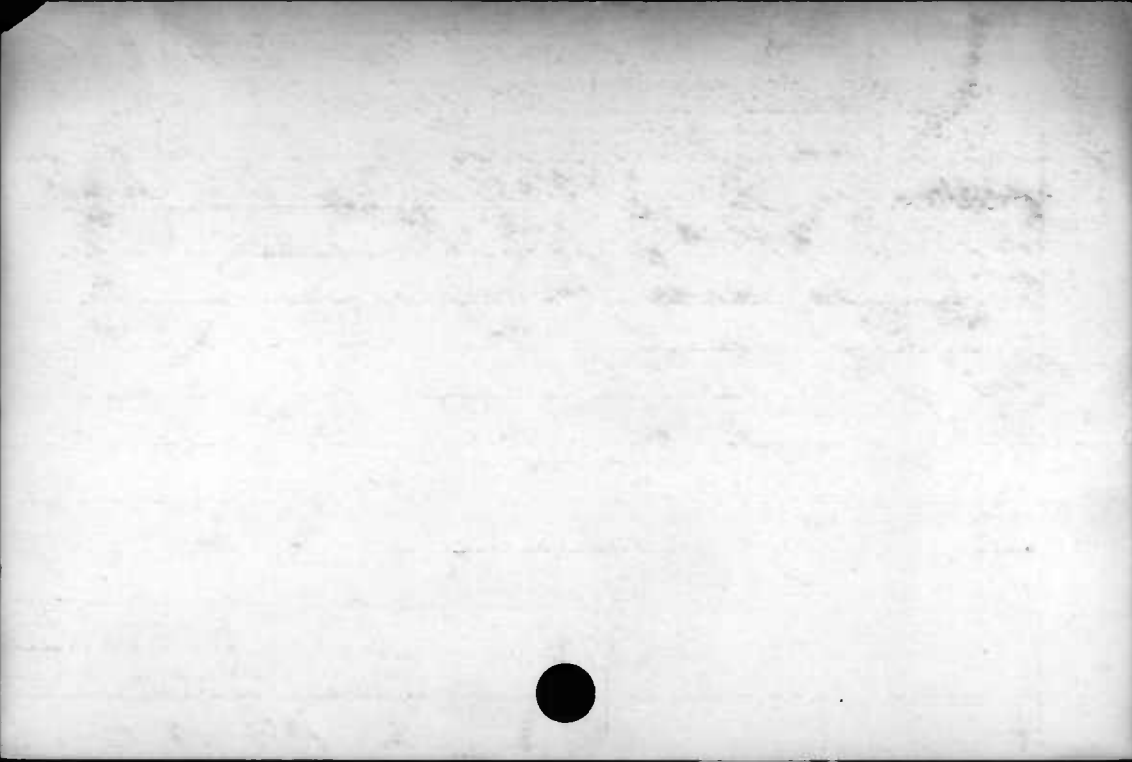
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sheaton		County Montgomery		MARYLAND	
Date of death 1902	Month Sept	Day 2	Age	Years 33	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Md.
Married, Single or Widowed	Married		Occupation	Stone-Cutter			
Name of Wife or Husband	Annie Chesley						
Father's Name	William Barnes				Father's Birthplace	Md.	
Mother's Maiden Name	Margaret Leonard				Mother's Birthplace	"	
Name of person giving information	William Barnes				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Gastritis		How long	154 About 2 weeks
Immediate	Paralysis & Collapse		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. T. Brown M.D.	
		Address	Bunt Mills	
Accident or Suicide?			Md.	



Name

In

Full

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

(near Woodfield)

Town

Montgomery

County

Date

of death 190

2

Sept

Month

Day

10

Age

89

Years

Months

6

Days

?

Sex

Male

Color or  
Race

White

Birth-  
place

New York

Married, Single  
or Widowed

Married

Occupation

Farmer

Name of Wife

Eliza M Bowen

Father's  
Name

Asa Bowen

Father's  
Birthplace

?

Mother's  
Maiden Name

Betsy Jenks

Mother's  
Birthplace

?

Name of person giving  
information

Clarence Hilton

How related  
to deceased

Son in law

## CAUSES OF DEATH

Primary

Senile Debility 154

How long

several years

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

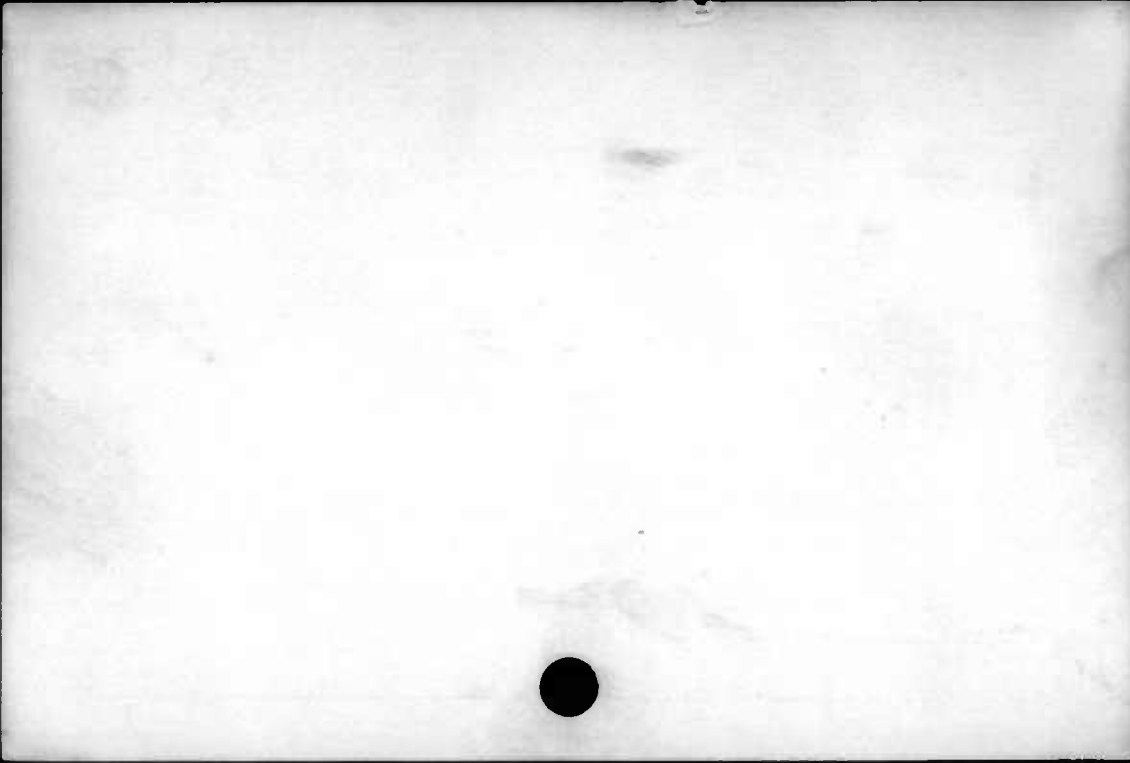
Signature of  
Physician

B. F. Lunsdale

Address

Damascus Md.


Accident or Suicide?





Name in Full *John Bowen*  
 Died at *Ashton* <sup>Town</sup> *Montgomery* <sup>County</sup> *MARYLAND*  
 Date *1902* Month *9* Day *5* Age *67* Y *1* M *1* D *1* Native of *Maryland* Occupation *Laborer*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Board~~ Number of children living *3*

Husband of *Rose Young*  
 Father's Name *William Bowen* Mother's Name *Julian Bowen*  
 Cause of Death { Primary *Bright's Disease* How long sick *3 or 4 months*  
 { Immediate *Convulsions* *W* Accident, Suicide, Homicide

Reported by *Roger Brooke, M.D.*  
 Address *Sandy Spring*  *Maryland*



Marie Bowen

Town

County

Died at

Bethesda, Md - Mount.

MARYLAND

Month

Day

Y.

M.

D.

Native of -

Occupation

Date 1902

-

9-

26

Age

-

3-

U.S.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~~~Wife~~

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary -

Chronic Gastritis + Dermatitis

How long sick

2 1/2 mos +

Death

Immediate -

Asthenia

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by

Alfred Glascock, M.D. - Resident Physician of Washington Foundling Hospital.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Chingiz Brown*  
 Town County

Died at

*Etcheon*  
 Month Day

*Montgomery*  
 Y. M. D.

*State*  
 Native of

MARYLAND

Date 19<sup>01</sup>

*Sept 5-*  
~~Male~~

Age *37*

*Ind*

Occupation

*Housewife*

Female

~~White~~

Married

~~Widow~~~~Divorced~~

Colored

~~Single~~~~Widower~~

Number of children living

*5*~~Husband~~

of

Wife

*Fred Brown*

Father's

Name

Mother's

Maiden Name

*Harnet Brown*

Cause of

Primary

*Peritonitis*

How long sick

*about 2 wks*

Death

Immediate

*116*

~~Accident, Suicide, Homicide~~

Reported by

*Lillmoor Burris*

Address

*Laytonville*

*Montgomery Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margaret Bryon*

Died at *Hairland* Town *Montgomery* County

**MARYLAND**

Date of death 190 *2* Month *Sept* Day *25* Age *74* Years Months Days

Sex *Female* Color or Race *white* Birth-place *MD*

Married, Single or Widowed *Married* Occupation *Housewife*

Name of Wife or Husband *John Bryon*

Father's Name *John Bryon* Father's Birthplace *MD*

Mother's Maiden Name *John Bryon* Mother's Birthplace *MD*

Name of person giving information *Mrs John Bryon* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Tuberculosis* *27* How long *6 months*

Immediate *Hemorrhage* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. B. B. B.*

Address *Spencerville*

Accident or Suicide? *No*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Daniel Burgess*

Died at *Colesville* Town *Montgomery* County

MARYLAND

Date of death 1902 *Sept* Month *17* Day *29* Age *29* Years Months Days

Sex *male* Color or Race *Black* Birth-place *MD*

Married, Single or Widowed ☒ Occupation *laborer*

Name of Wife or Husband

Father's Name *Daniel Burgess*

Father's Birthplace *MD*

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Rana Burgess*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Tuberculosis*

How long *4 months*

Immediate *hemorrhage*

How long

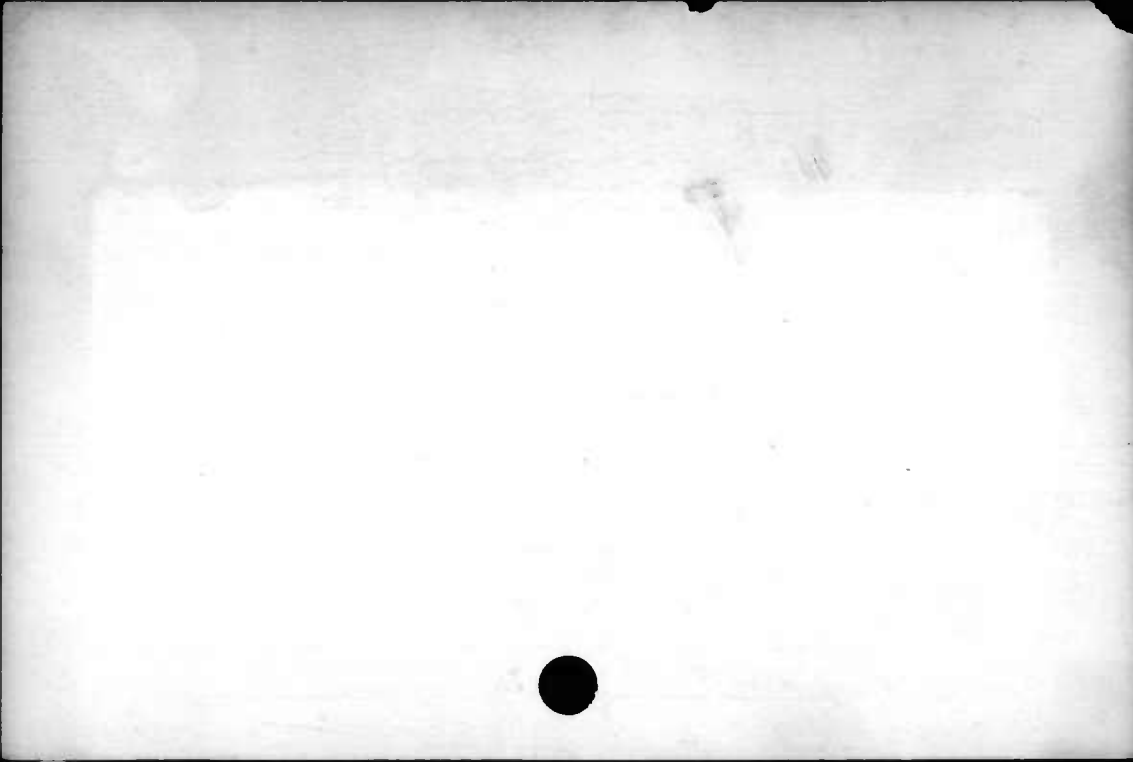
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *[Signature]*

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Mortimer Campbell

Died at *West Zion* Town *Montgomery* County *MARYLAND*  
 Date 1902 *Sept 16* Month *16* Day *38* Y. *38* M. *38* D. *38* Native of *Ind* Occupation *Huckster*  
 Male *White* Married *Widow* Divorced *Widow*  
 Female *Colored* Single *Widower* Number of children living *5*

Husband of *Annie Campbell*  
 Wife *Annie Campbell*  
 Father's Name *Perry Campbell* Mother's Name *Eliza Campbell*  
 Maiden Name *Eliza Campbell*

Cause of Death { Primary *Injury received from fall & Run* How long sick  
 Immediate *about by wagon* Accident, Suicide, Homicide  
*laceration of Lung*

Reported by *W H Dykew, M. D., 166*  
 Address *Laytonville* *Montgomery Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George S. Davis

Town

County

MARYLAND

Died at Washington Groor

Montgomery

Date 1902 Sept. 15 | Age 44 | Y. M. D. | Native of Md. | Occupation Laborer

Male ~~Female~~ | Married ~~Single~~ | Widower ~~Widow~~ | ~~Divorced~~ | Number of children living 5

Husband of Emma Davis

Wife

Father's Name — — Mother's Maiden Name Ann Boone

Cause of Death { Primary Enterocolitis | How long sick

Death { Immediate Exhaustion | Accident, Suicide, Homicide

Reported by W. B. Studdox M.D.

Address Gaithersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lucy Lyle Dorr

Town

County

Died at

Rockville

Maryland

MARYLAND

Date 1902

Month 9 Day 3

Y. N. D.

Native of

Occupation

Age 26 -

D.C.

Domestic

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Pulm. Tuberculosis

Ex Laryngitis

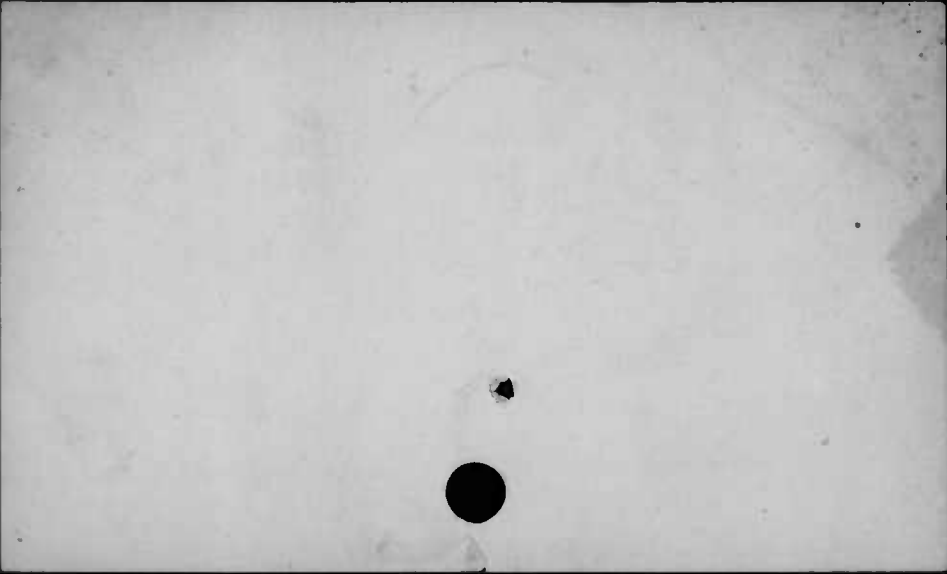
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Edmund Dorsey

Town

County

Died near Nobeck Montgomery

MARYLAND

Date 1892 Sep. 23 Age 90 - - - Native of Montg. Co. Md. Farmer and  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ Widower Number of children living —

Husband  
 of

Wife  
 Father's  
 Name

Dorsey  
 Mother's  
 Name

Cause of Death { Primary Tachycardia  
 Immediate Asbestosis  
 How long sick About 6 months  
 Accident, Suicide, Homicide

Reported by

Joseph Kiehl, (grandson)

Address

Nobeck Montg. Co. Md.  
 For Joseph Kiehl, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Elya Dublin*  
 Town *Spencerville* County *Montgomery* MARYLAND  
 Died at *Spencerville*  
 Date *1902* Month *9* Day *4* Y. *2* M. *11* D. *12* Native of *Maryland* Occupation *—*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living *2-*  
 Husband of  
 Wife  
 Father's Name *Harry Dublin* Mother's Name *Conie Dublin*  
 Cause of Death { Primary *Tuberculosis.* How long sick *5-6 months*  
 { Immediate *Hemorrhage* Accident, Suicide, Homicide  
 Reported by *Roger Brooke*  
 Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Matilda Ernst

Town

County

Died at

Frost Glen Montgomery

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Sep. 7 Age - 5-13

Med

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frost Ernst

Mother's

Name

Anna W. Ernst

Cause of

Primary

Marasmus

How long sick

2 1/2 weeks

Death

Immediate

Enteric Colitis

Accident, Suicide, Homicide

Reported by

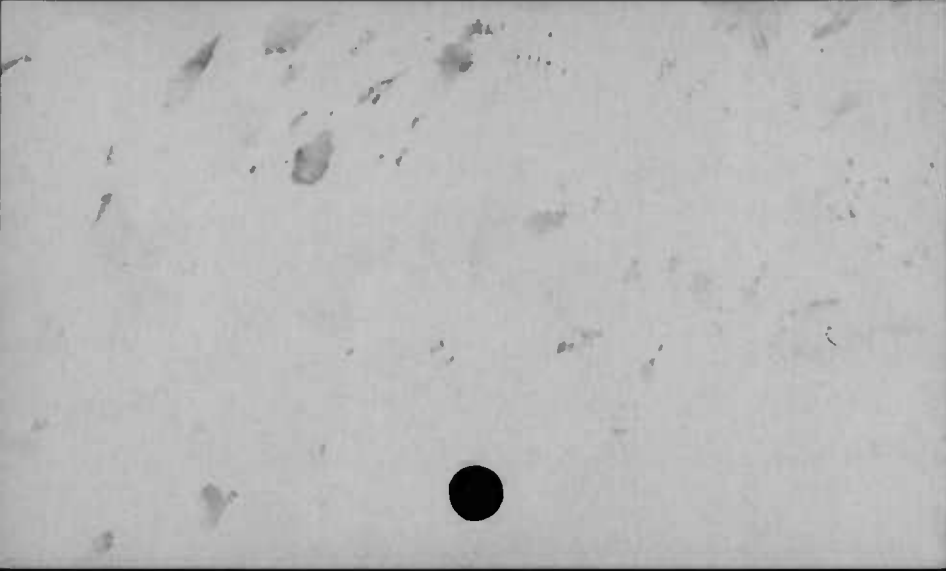
Eugene Jones MD

Address

Newington MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Rebecca

Hackett

Town

County

Died at

Brooksville

Montgomery

MARYLAND

Date

1902

Month

Day

Sep. 30

Age

Y.

M.

D.

50 - -

Native of

Occupation

Howard Co. Md. Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Augustine

Hackett

Wife

Father's

Mother's

Name

Name

1720

Cause of

Primary

Pneumonia Nephritis

How long sick

2 years

Death

Immediate

Dropy &amp; heart failure

Accident, Suicide, Homicide

Reported by

Chas. Farguhoe, M.D.

Address

Ches. Montg. Co. Md.





Virgil Raymond Henry Hamilton

Town

County

Died at

MARYLAND

Date 1902 Sept 14

Month Day Y. M. D.

Age 1, 2, 3

Native of Md

Occupation

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Charles Hamilton

Mother's Maiden Name Rachel Brown

Cause of Death { Primary Cholera Infarction

Immediate

How long sick One week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Lee Hill

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Date

Feb

Month

9

Day

25

Y.

1902

M.

5

D.

4

Native of

Maryland

Occupation

—

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Sam Hill

Mother's

Name

Mary Hill

Cause of

Primary

Enterocolitis

How long sick

4 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Roger Barker

Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Duplicate of No. 1. Certificate of Death

Rear Admiral J. E. Jewett U.S.N.

Town

County

Died at Sandy Spring

Montgomery

MARYLAND

Date	1902	Month	9	Day	30	Y.	76	M.	8	D.		Native of	Kentucky	Occupation	Retired Naval Officer
Male		White		Married		Widow		Divorced				Number of children living	1		
Female		Colored		Single		Widower									

Husband  
Wife of

Galena Stockert

Father's  
Name

Matthew Jewett

Mother's  
Name

Margaret Allan

Cause of

Primary Septicemia

How long sick

2 weeks

Death

Immediate Uraemia

Accident, Suicide, Homicide

Reported by

Roger Brooke M.D.

Address

Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78705



Rear Admiral Jas E Jewett U.S.N.

Died at Sandy Spring Montgomery MARYLAND

Date 1902 9 30 Age 25 8 - Kentucky Retired Naval  
Male White Married Widower Divorced  
Female Colored Single Widower Number of children living 1-

Husband of Galena Stockett

Father's Name Matthew Jewett Mother's Name Margaret Allen

Cause of Death { Primary Septicemia 20 How long sick 2 weeks  
Immediate Uræmia Accident, Suicide, HomicideReported by Roger Brooke, M.D.  
Address Sandy Spring Md





Nellie Leach

Died at <sup>Town</sup> Pooksville <sup>County</sup> Montgomery MARYLAND

Date 1902 Sept 10 Age 67 Y. M. D. Native of Md Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of —  
 Wife —  
 Father's Name Henry Leach Mother's Maiden Name Amelia Powers

Cause of Primary Fall on Ice How long sick 8 months  
 Death Immediate Necrosis of Vertebra Accident, ~~suicide~~ Homicide

Reported by J. S. Pool

Address Pooksville Md 166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sadie Lee

CERTIFICATE OF DEATH

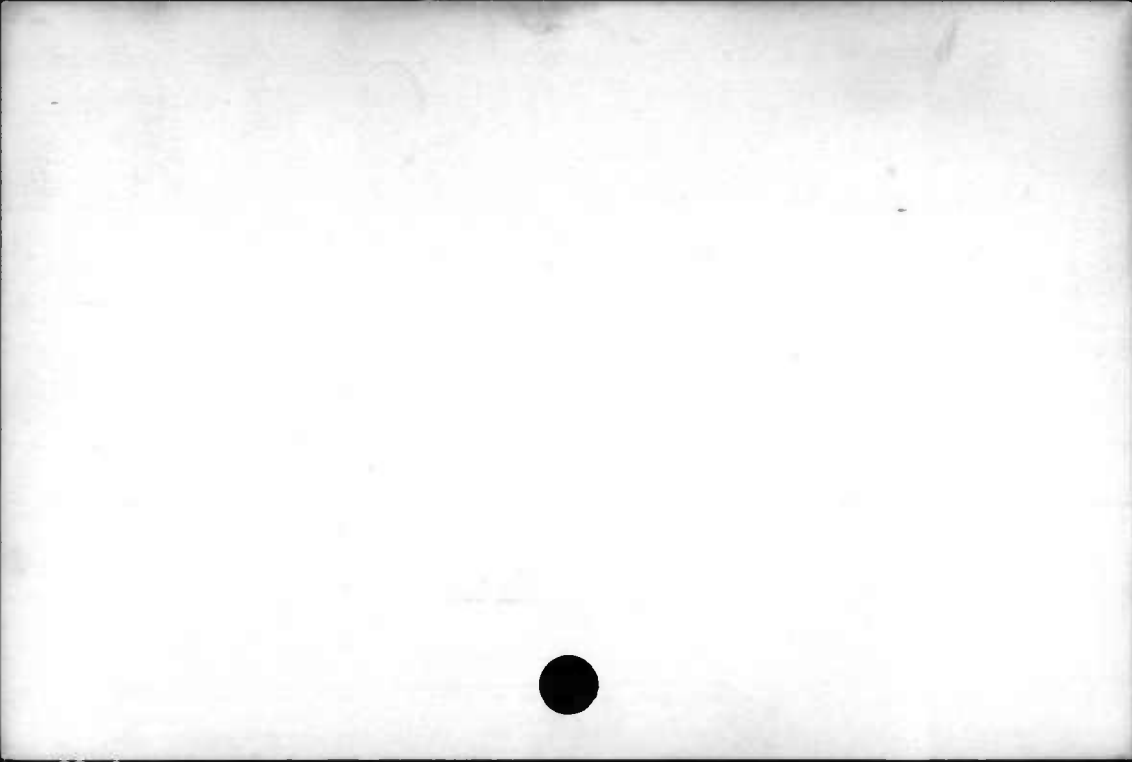
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fairland</u> Town			<u>Montgomery</u> County			MARYLAND		
Date of death 190 <u>2</u>		Month <u>Sept</u>	Day <u>10</u>	Age <u>18</u> Years		Months <u>4</u>	Days <u>3</u>	
Sex <u>female</u>			Color or Race <u>Black</u>		Birth-place <u>md</u>			
<del>Married, Single or Widowed</del> <u>Single</u>				Occupation <u>laborer</u>				
Name of Wife or Husband								
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information <u>Geo Jackson</u>						How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism</u>		How long <u>3 years</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. R. Patton</u>
		Address <u>Spencerwood</u> <u>md</u>
Accident or Suicide?		



Name  
in  
Full

Elias Moore

## CERTIFICATE OF DEATH

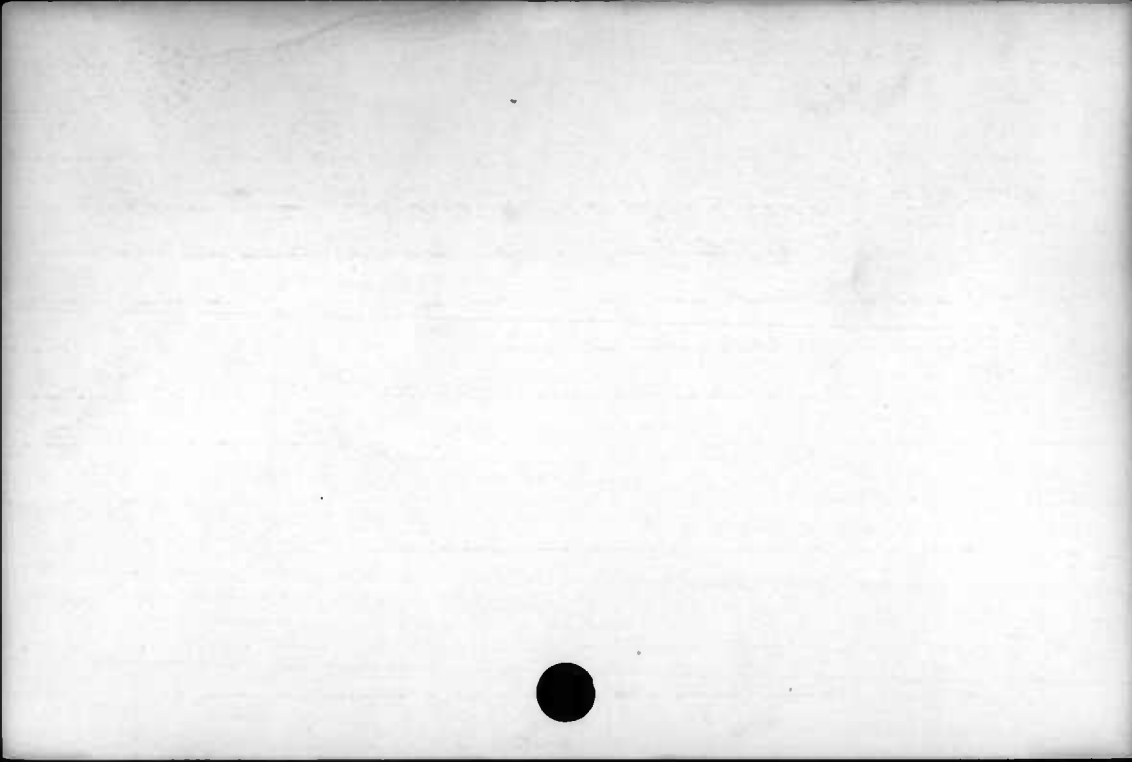
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Leesville		Montg		County		MARYLAND	
Date of death 1902		Sept.		Day 17		Age 82		Months	
Sex Male		Color or Race White		Birthplace Md.					
Married, Single or Widowed		Widowed		Occupation		Farmer			
Name of Wife or Husband									
Father's Name		Nathaniel Moore				Father's Birthplace		Md.	
Mother's Maiden Name		Nancy Wheeler				Mother's Birthplace		"	
Name of person giving information		Jacob Van-Horn				How related to deceased		Son in Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Capillary Bronchitis		How long		About 1 week	
Immediate		Typhoidea		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		H. J. Brown, M.D.	
				Address		Burch Mills	
Accident or Suicide?						Md.	



Name in Full

Certificate of Death

Percilla Morley

Town

County

Died at

MARYLAND

Near Chaggettville Monticomb

Date 1902 Sep 15 Age 70 Native of Md Occupation Farmer

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced  
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living 3

Husband of Malon T. Morley

Wife

Father's Name Amos Walter Stewart

Mother's Name

Cause of Death Primary Immediate 97

How long sick 2 days

Accident, Suicide, Homicide

Reported by H. T. Lewis

Address Humphreys Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Hallie Newman

Town

County

Died at

Sandy Spring

Montgomery

MARYLAND

Date

1902

Month

9

Day

4

Y.

M.

D.

Native of

Occupation

Age

18-2-

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 6

Husband

of

Wife

Father's

Name

George Newman

Mother's

Name

Harriet Newman

Cause of

Primary

Tuberculosis

27

How long sick

one year

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Roger Brewer M.D.

Address

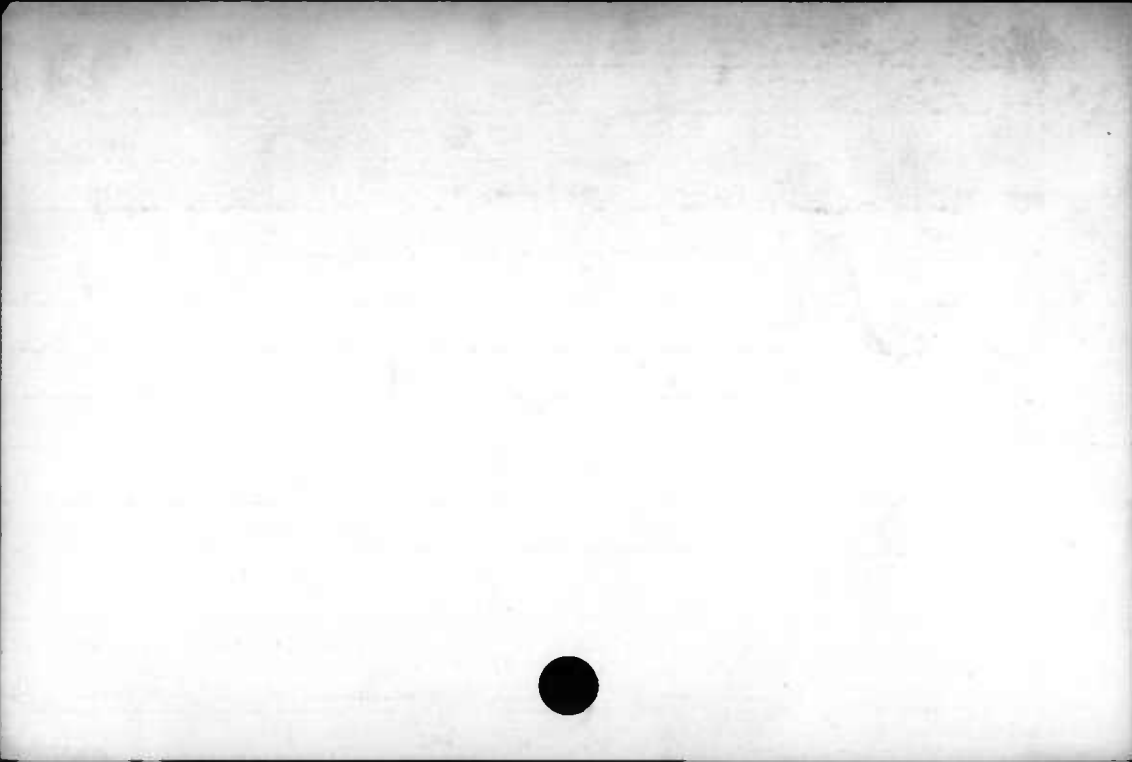
Sandy Spring

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Glen</u> Town		<u>Montgomery</u> County		MARYLAND
	Date of death 190 <u>2</u> Month <u>Sept</u> Day <u>14</u>	Age <u>44</u> Years	Months <u>0</u>	Days <u>X</u>	
	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Monty Co. Md.</u>		
	Married, Single or Widowed <u>Single</u>	Occupation <u>Farmer</u>			
	Name of Wife or Husband <u>X</u>				
	Father's Name <u>Edwin Selby</u>		Father's Birthplace <u>Md.</u>		
	Mother's Maiden Name <u>Martha Dickerts</u>		Mother's Birthplace <u>Md.</u>		
	Name of person giving information <u>Elizabeth A. Jackson</u>		How related to deceased <u>Cousin</u>		
CAUSES OF DEATH <u>64 166</u>					
PHYSICIAN OR CORONER	Primary <u>Violence, Central Hemiplegia</u>		How long <u>Ten days</u>		
	Immediate <u>Paralysis</u>		How long <u>Four days</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Name &amp; age</u>		Signature of Physician <u>W. J. Hall M.D.</u>		
	<u>as given, sex, color, place &amp; date, yes</u>		Address <u>Polomou Md.</u>		
	Accident <u>X</u> Suicide?				



Ruth Smith -

Town

County

Died at

Bethesda -

Mont -

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 -

9 -

17

Age

1 -

1 -

U.S.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Premature Birth.

How long sick

1 mos.

Death

Immediate

Asthma -

151

Accident, Suicide, Homicide

Reported by

Alf. Thaseock, M.D. - Resident Physician -

Address

Washington Foundling Hospital.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

